

As a below named inventor, I declare that:

My residence, Post Office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **OPTIMIZED DEFECTS IN BAND-GAP WAVEGUIDES**.

The specification of which (check only one item below):

- ☒ is attached hereto
- ☐ was filed as United States Application Serial No. on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)
- ☐ was filed as PCT international application number \_\_\_\_\_, on \_\_\_\_\_, and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, on the same subject matter, having a filing date before that of the application on which priority is claimed:

- |                          |                 |                         |                     |
|--------------------------|-----------------|-------------------------|---------------------|
| <input type="checkbox"/> | <b>Country:</b> | <b>Application No.:</b> | <b>Filing Date:</b> |
| <input type="checkbox"/> | <b>NONE</b>     |                         |                     |

I hereby claim the benefit under Title 35 United States Code § 119(e) and § 120 of any United States application(s) or 365(c) of any PCT international application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37 Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

- |                                     |                            |            |               |         |                |         |
|-------------------------------------|----------------------------|------------|---------------|---------|----------------|---------|
| <input checked="" type="checkbox"/> | <b>Provisional No.:</b>    | 60/277,312 | <b>Filed:</b> | 3/20/01 | <b>Status:</b> | Pending |
| <input type="checkbox"/>            | <b>Application No.:</b>    |            | <b>Filed:</b> |         | <b>Status:</b> |         |
|                                     | <b>PCT Application No:</b> |            | <b>Filed:</b> |         | <b>Status:</b> |         |
| <input type="checkbox"/>            | <b>NONE</b>                |            |               |         |                |         |

**DECLARATION IN ORIGINAL APPLICATION**

U.S. Attorney Docket No.: SP01-056

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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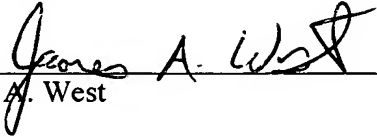
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\_\_\_\_\_  
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